

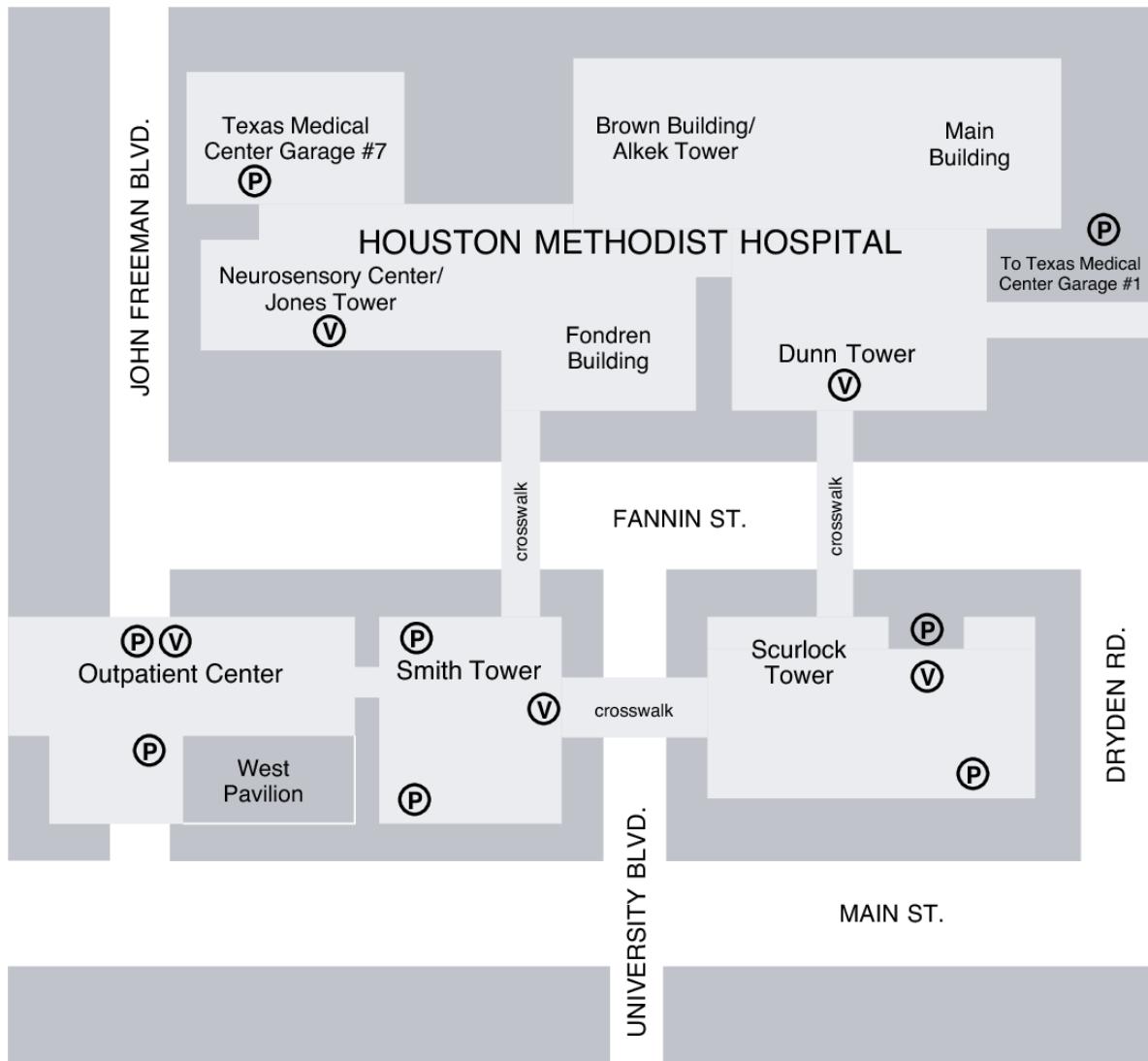
PATIENT NAME			DOB	SEX
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PRIMARY PHONE	ALTERNATE PHONE		SSN	
INSURED NAME	PLAN NAME		PLAN PHONE NUMBER	
ID NO	GROUP NO		AUTH NO	
DIAGNOSIS	ICD-9 CODE			
SYMPTOMS / INDICATIONS FOR REFERRAL				

X	SERVICE DESCRIPTION PULMONARY FUNCTION STUDIES *	CDM	CPT	X	SERVICE DESCRIPTION BRONCHIAL CHALLENGE STUDIES	CDM	CPT	APC 52 54
	PULMONARY FUNCTION PROTOCOL: INCLUDES SPIROMETRY, FLOW VOLUME LOOP, AND BRONCHODILATORS, LUNG VOLUMES AND DLCO IF INDICATED	226845 226522 226738 226803	94010 or 94060 (93720) (94720)		METHACHOLINE CHALLENGE W/ SERIAL SPIROMETRY TO ASSIST IN THE DIAGNOSIS OF ASTHMA	226415 281493	94070 95070	
	POST LUNG TRANSPLANT PROTOCOL: INCLUDES SPIROMETRY, PRE & POST BRONCODILATOR, 6-MINUTE WALK W/ PULSE OXIMETRY AND OXYGEN TITRATION	226522 281626 226134	94060 94620 94761		EXERCISE INDUCED BRONCHOSPASM EVALUATION WITH SERIAL SPIROMETRY EVALUATION FOR EX. INDUCED BRONCHOSPASM	281618	94620	
	SPIROMETRY: INCLUDES FLOW VOLUME LOOP, FVC AND FEV1	226845	94010		INVASIVE DIAGNOSTICS **			
	SPIROMETRY PRE AND POST BRONCHODILATOR	226522	94060		BRONCHOSCOPY, DIAGNOSTIC W/ OR W/O WASH	226878	31622	
	LUNG VOLUMES (PLETHYSMOGRAPHY): INCLUDES TLC, VC, RV & AIRWAY RESISTANCE	281634	93720		BRONCHOSCOPY, W/ BRUSHING	281543	31623	
	DIFFUSION CAPACITY (DLCO)	226803	94720		BRONCHOSCOPY, W/ BIOPSY	226613	31625	
	VITAL CAPACITY ONLY	281600	94150		BRONCHOSCOPY, W/ NEEDLE ASPIRATION	281329	31629	
	RESPIRATORY MUSCLE FORCE	249524			BRONCHOSCOPY, W/ LAVAGE	281337	31624	
	MAXIMAL VOLUNTARY VENTILATION	281592	94200		BRONCHOSCOPY, W/ STENT PLACEMENT	281550	31631	
	CARDIOPULMONARY EXERCISE TESTING				BRONCHOSCOPY, W/ PLACEMENT OF CATHETER/S FOR INTERCAVITY RADIOELEMENT APPLICATION	281568	31643	
	CARDIOPULMONARY EXERCISE W/ METABOLIC MEASUREMENTS: SPECIFY PROTOCOL <input type="checkbox"/> CYCLE <input type="checkbox"/> TREADMILL	281535	94621		BRONCHOSCOPY, W/ THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	281576 281584	31645 31646	
	SIX MINUTE WALK WITH PULSE OXIMETRY	281626	94620		BRONCHOSCOPY, TRANSBRONCHIAL BX W/ OR W/O FLUOROSCOPY	281642	31628	
	LABORATORY				BRONCHOSCOPY, TRANSBRONCHIAL NEEDLE BX - SUBSEQUENT	281659	31629	
	ABG, RESTING AND EXERCISE (PUNCTURE & ANALYSIS X2)	226894 226787	36600 82803		PLEURAL BIOPSY	281386	32400	
	LACTIC ACID DURING EXERCISE (TO CONFIRM ANEROBIC THRESHOLD)		83605		LUNG BIOPSY	249508	32405	
	ARTERIAL BLOOD GAS ON ROOM AIR		36600/		THORACENTESIS	226621	32000	
	ARTERIAL BLOOD GAS ON ____ L/M OR ____ % O2		82803		OTHER TESTS			
	ARTERIAL BLOOD GAS ON 100% O2				INDIRECT CALORIMETRY	226423	94690	
	PULSE OXIMETRY, SINGLE EVALUATION	333500	94760		TRANSCUTANEOUS PO2	226514	93923	
	OXYGEN TITRATION	226134	94761		THERAPEUTICS			
	APPOINTMENT DATE				HHN W/ 2.5MG OF ALBUTEROL	281352	94640	
	APPOINTMENT TIME							
	<input type="checkbox"/> SEND RESULTS W/ PATIENT							
	<input type="checkbox"/> FAX RESULTS TO							

OTHER PROCEDURES / SPECIAL INSTRUCTIONS

(*) ANY ORDER FOR "PFT's WILL BE INTERPRETED PROTOCOL
 (**) APPROPRIATE CONSENT MUST BE OBTAINED PRIOR TO PROCEDURE
 ORDERS MUST BE RECEIVED PRIOR TO TESTING AND INCLUDE
 AN APPROPRIATE DIAGNOSIS AND ICD-9 CODE

PHYSICIAN NPI #	PHYSICIAN'S NAME	SCHEDULING PHONE 713.441.6550 SCHEDULING FAX 713.791.5075
DATE/TIME	PHYSICIAN'S SIGNATURE	FOR ADDITIONAL SCRIPTS, CALL 281.841.6945 HMH1824 (01/2013)



You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.

(P) Parking

(V) Valet